## B-Engrossed House Bill 3262

Ordered by the Senate June 9 Including House Amendments dated April 14 and Senate Amendments dated June 9

Sponsored by Representative NATHANSON; Senators MONNES ANDERSON, STEINER HAYWARD

## SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure.

Requires Department of Human Services, in collaboration with other agencies, to adopt rules related to prescription of psychotropic medications to elderly persons and persons with disabilities. Directs department to convene advisory committee to study implementation of rules adopted under Act and report to interim committee of Legislative Assembly related to human services by December 31, 2017.

Declares emergency, effective on passage.

1	A BILL FOR AN ACT
<b>2</b>	Relating to psychotropic medication; and declaring an emergency.
3	Be It Enacted by the People of the State of Oregon:
4	SECTION 1. (1) As used in this section:
5	(a) "Elderly person" means a person who is 65 years of age or older;
6	(b) "Person with a disability" has the meaning given that term in ORS 410.040; and
7	(c) "Psychotropic medication" has the meaning given that term in ORS 418.517.
8	(2) The Department of Human Services, in collaboration with the State Board of Phar-
9	macy, the Oregon Medical Board, the Oregon State Board of Nursing and the Long Term
10	Care Ombudsman, shall adopt rules related to the prescription of a psychotropic medication
11	to an elderly person or a person with a disability who resides in:
12	(a) An adult foster home, as defined in ORS 443.705;
13	(b) A residential care facility, as defined in ORS 443.400; or
14	(c) A long term care facility, as defined in ORS 442.015.
15	(3) The requirements of this section do not apply to an elderly person or person with a
16	disability in a hospice program, as defined in ORS 443.850.
17	(4) The rules adopted under subsection (2) of this section must include, but are not lim-
18	ited to, requirements that:
19	(a) If a prescription of psychotropic medication is written by a licensed health care
20	practitioner other than the primary care provider or mental health care provider, or other
21	licensed health care practitioner designated by the department, of the elderly person or
22	person with a disability, the prescription must be reviewed by the primary care provider or
23	mental health care provider, or other licensed health care practitioner designated by the
24	department, of the elderly person or person with a disability to:
25	(A) Limit the adverse side effects of the psychotropic medication; and

## B-Eng. HB 3262

1 (B) Ensure that the psychotropic medication is prescribed in the lowest possible effective 2 dosage;

3 (b) A licensed health care practitioner other than the primary care provider or mental 4 health care provider, or other licensed health care practitioner designated by the depart-5 ment, of the elderly person or person with a disability who prescribes a psychotropic 6 medication notify the primary care provider or mental health care provider, or other licensed 7 health care practitioner designated by the department, of the elderly person or person with 8 a disability of the prescription not later than 24 hours after issuing the prescription;

9 (c) Psychotropic medication prescribed by a licensed health care practitioner other than 10 the primary care provider or mental health care provider, or other licensed health care 11 practitioner designated by the department, of the elderly person or person with a disability 12 may be in an amount sufficient for a seven-day supply; and

(d) The facility or home in which the elderly person or person with a disability resides
 demonstrates that:

(A) A person-centered assessment has been performed for the elderly person or person
 with a disability; and

(B) Based on the findings of the assessment, the best course of treatment, including the
use of nonpharmacological interventions, psychotropic medication or a combination of
nonpharmacological interventions and psychotropic medication, is followed.

(5) The department may adopt other rules necessary to carry out the provisions of this
 section.

22 <u>SECTION 2.</u> The Department of Human Services shall convene an advisory committee 23 of stakeholders and of representatives from the department, the State Board of Pharmacy, 24 the Oregon Medical Board, the Oregon State Board of Nursing and the Long Term Care 25 Ombudsman to study and make recommendations for best practices related to the imple-26 mentation of section 1 of this 2017 Act. The department shall submit the findings and rec-27 ommendations from the study to an interim committee of the Legislative Assembly related 28 to human services not later than December 31, 2017.

29 <u>SECTION 3.</u> Section 1 of this 2017 Act applies to prescriptions for psychotropic 30 medication issued on or after the effective date of this 2017 Act by a licensed health care 31 practitioner other than the primary care provider or mental health care provider, or other 32 licensed health care practitioner designated by the Department of Human Services, of an 33 elderly person or person with a disability.

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SECTION 4. (1) Section 1 of this 2017 Act becomes operative on January 1, 2018.

(2) The Department of Human Services, the State Board of Pharmacy, the Oregon Medical Board, the Oregon State Board of Nursing and the Long Term Care Ombudsman may take any action before the operative date specified in subsection (1) of this section that is necessary to enable the agencies to exercise, on and after the operative date specified in subsection (1) of this section, all of the duties, functions and powers conferred on the agencies by section 1 of this 2017 Act.

41 <u>SECTION 5.</u> This 2017 Act being necessary for the immediate preservation of the public 42 peace, health and safety, an emergency is declared to exist, and this 2017 Act takes effect 43 on its passage.

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